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PICK-UP	TIAW [MAIL
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LALBRITTON

COVER LETTER

UBJECT:	ober Living, LLC Name of Limit	ed Liability Company	
		our manning bompuny	
he enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
lease return all correspo	ondence concerning this matter to	o the following:	
	Jennifer A. Garner		
		Name of Person	
	Jennifer A. Garner, P.A.		
		Firm/Company	
	2224 Ashley Oaks Circle, S	uite 101	
		Address	
	Wesley Chapel, FL 33544		
	INFO@JENNIFERAGARNI	City/State and Zip Code ER.COM	
	E-mail address: (to	be used for future annual report notific	cation)
or further information c	concerning this matter, please cal	il:	
lennifer A. Garner		727 386-9654	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES	OF AMENDMENT		
	TO		-2,
ARTICLES O	OF ORGANIZATION	N	. 16.
	OF	- N	
PURE LIFE SOBER LIVING, LLC	· · · · · · · · · · · · · · · · · · ·		
(<u>Name of the Limited Liability C</u> (A Florida Lin	nited Liability Company)	ur records.)	ø
The Articles of Organization for this Limited Liability Com	pany were filed on 03/20/20	19	and assigned
Florida document number L19000078380			
This amendment is submitted to amend the following:			
· ·			
A. If amending name, enter the new name of the limited	I liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company " the deciman	tion "I.I.C" or the al	shraniarion "LLC"
	islanity company, the designat	non bbe of the at	oreviation E.E.C.
Enter new principal offices address, if applicable:		.	 -
(Principal office address MUST BE A STREET ADDRES	<u></u>		
	 _		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our s here:	records, enter	the name of the new
Manage CNI and December 1			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre		
	Enter Florida SIFE		
	City	, Florida <u></u>	Zip Code
New Registered Agent's Signature, if changing Registered Ag	•		inp come
At the state of th	gent.		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

'If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Charles W. McCrackin	2224 Ashley Oaks Circle, Suite	□ Add
		Wesley Chapel, FL 33544	
			■ Remove
			Change
			☐ Remove
			☐ Change
			O ∧dd
			☐ Remove
			☐ Change
			□ Add
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			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change

,	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
:	
Note	rtive date, if other than the date of filing: April 10, 2019 (optional)
ne re Th	ecord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of e 90th day after the record is filed.
Dated	april 10,2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00